iild Yes 📋 No 🗹	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Exemptions Have you excluded because they meet
ted Yes No V	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Trusts- Details regarding "or trusts" need not be child?
STIONS	DEPENDENT, OR TRUST INFORMATION ANSWER EACH OF THESE QUESTIONS	EXCLUSION OF SPOUSE, DE
and the appropriate	y. Schedule attached for each "Yes" response.	If yes, complete and attach Schedule V.
		Did you, your spouse, or a dependent child have any reportable liability
utside Yes No	Type - No Ly IX.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting
Yes No 🗸	Yes VIII.	III. more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?  If yes, complete and attach Schedule III.
ng in the		If yes, complete and attach Schedule II.
e travel or an \$305 Yes No	lieu of paying  Yes No VII. reimbursements for from one source)?	Did any individual or organization make a donation to charity in lieu of paying II. you for a speech, appearance, or article in the reporting period?
	If yes, complete a	If yes, complete and attach Schedule I.
e gift in nerwise Yes No	me (e.g., sataries or fees) of \$200	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 l. or more from any source in the reporting period?
	ANSWER EACH OF THESE QUESTIONS	PRELIMINARY INFORMATION
late.	Amendment     Termination	Type ( Annual (May 15)
more than 30 days	Termination Date:	
hall Inst	State: OH — Officer Or Employing Office:  Itatives District: 17 — Employee	Filer Member of the U.S.  Status House of Representatives
(Office Use Only)	(Full Name) (Daytime Telephone)	
2008 MAY 15 PM 2: 33	Tim Ryan 202-225-5261	
LEGISLATIVE RESOURCE CENTER	LEGIS	
	For use by Members, officers, and employees	FINANCIAL DISCLOSURE STATES
DELIVERED	UNITED STATES HOUSE OF REPRESENTATIVES FORM A Page 1 of 3	UNITED STATES HOUSE
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SCHEDULE III	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name	Tim Ryan	BLOCK C	BLOCK D	Page 2 of 3
Asset and/or incoming and to provide a fair market value exceeding \$1,0 and (b) any other assets or source than \$200 in "unearned" income land, provide a complete address, mutual funds (do not use ticker sy retirement plans (such as 401(k) p in which you have the power, ever in the account that exceeds the replans that are not self-directed, na and its value at the end of the replans that is not publicly traded, state the its activities, and its geographic (c information, see the instruction be exclude: Your personal residence debt owed to you by your spouse, parent or sibling; any deposits tot savings accounts; any financial in Government retirement programs. If you so choose, you may indicate that of your spouse (SP) or depend	Asset and/or income Source  Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other assets or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet.  Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.  If you so choose, you may indicate that an asset or income source is finat of your spouse (SP) or dependent child (DC) or is jointly held (JT).	Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "Nome."	Nd SSet riing ray a d d d d d d d d d d d d d d d d d d	Type of Income Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
E	E Trade Account	\$1 - \$1,000		INTEREST	\$1 - \$200	
Sky	Sky Bank	\$1,001 - \$15,000 INTEREST	5,000	INTEREST	\$1 - \$200	     
+	Thrift Savings Plan (TSP)	\$100,001 - \$250,000		Interest/Dividend	\$5,001 - \$15,000	
Wri	Wright Patman Congressional Federal Union	\$1,001 - \$15,000 INTEREST	5,000	INTEREST	\$1 - \$200	

Name Tim Ryan

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

	JT, DC,
Wright Patman Congressional Federal Credit Union	Creditor
personal loan	Type of Liability
\$10,001 - \$15,000	Amount of Liability